

# **I. INTRODUCTION**

## Section I: INTRODUCTION

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The Federal Refugee Act of 1980 created a uniform system of services for refugees resettled in the United States. The Act entitled all newly arriving refugees to a comprehensive health assessment, to be initiated as soon as possible following arrival. One agency in each state was designated to monitor the provision of these health assessment services. In Massachusetts, the Department of Public Health is the designated agency. Within the Department of Public Health (DPH), these health assessments are administered by the Refugee and Immigrant Health Program, in the Bureau of Communicable Disease Control.

In 1995, the Massachusetts Department of Public Health, Refugee and Immigrant Health Program, implemented the Refugee Health Assessment Program (RHAP). Funding support comes from federal Refugee Medical Assistance through the Massachusetts Office for Refugees and Immigrants.

The objective of the RHAP is to offer comprehensive initial and follow-up screening for all newly arriving refugees. Health care facilities contracted by DPH through the RHAP must provide linguistically and culturally appropriate services and be staffed by sensitive professionals able to address cross-cultural health issues. Today, the RHAP has 10 sites under contract to perform health assessments. The Program has removed barriers that in the past impeded new arrivals from receiving early medical and diagnostic services and thus provides the initial access to primary care for newly arrived refugees.

Massachusetts, historically, has been among the middle tier of states in terms of refugee resettlement caseload. In recent years, the numbers of new refugee arrivals have varied between 2,300 – 3,000 annually. While the majority of refugee arrivals in Massachusetts have been from the former Soviet Union and Vietnam, more recent refugee groups have come from numerous countries. These have included Bosnia (and other parts of the former Yugoslavia), Somalia, Liberia, Sierra Leone, Cuba, Haiti, and Iraq. This trend has necessitated the development of diversified programs to increase access to existing services and community awareness and understanding about the need for compliance with public health recommendations and control strategies.

Refugees arriving in the United States often have difficulty gaining access to services, particularly in the health care system. The complex process of integrating into a new society, often with minority ethnic or racial status, is stressful and filled with uncertainty and often leads to insecurity. Losing social

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supports that refugees had in their native lands – or camps after fleeing their countries – and leaving behind the institutions of cultural heritage and religion make resettlement tremendously difficult.

Every refugee group is unique in the sense that each group possesses a different set of health beliefs and practices, in addition to a unique epidemiologic profile. Qualified clinicians performing health assessments require a combination of knowledge and understanding beyond traditional western medical expertise. Furthermore, implementation of an appropriate program intervention becomes a challenge if the basic assumptions include cultural values and priorities with little or no room for variation. While the RHAP is constructed to be a traditional Western-oriented medical screening, individual clinicians and sites must implement the RHAP in a culturally and linguistically appropriate manner which will find commonality, acceptance, and participation by their refugee patients.

This manual is intended to be a reference document to which clinicians can turn when questions arise about the delivery of health care to refugees in the context of the Massachusetts Refugee Health Assessment Program (RHAP). While literature about refugee medicine is abundant, the need for a single reference prompted development of this manual. In addition, it is the goal of the RHAP to ensure high quality services; therefore, it is necessary to provide detailed information about the various components of the refugee health assessment (RHA).

This manual is not a definitive reference on the topics covered and is not meant to substitute for texts or journal articles on various topics. The reader should refer to detailed textbooks and articles for more comprehensive reviews of particular diseases or issues. The manual is intended to serve as a convenient “how-to” guide for refugee health assessments. It is primarily designed for health care clinicians in the field of refugee health. While relevant for any clinician performing medical screening of newly arrived immigrants and refugee, this manual is specific to the components of the Massachusetts RHAP.

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The manual is organized into five sections, as follows:

- Section I:     **Introduction**
- Section II:    **Refugee Health Assessment Program Logistics**, which has background information on resettlement agencies, the Refugee and Immigrant Health Program, interpreters and the overseas medical examination of refugees.
- Section III:    **The Refugee Health Assessment Clinical Program**, which has information relevant to the clinician performing refugee health assessments. Each area of the health assessment is reviewed, with background information and program requirements.
- Section IV:     **References and Resources**, which contains journal citations and world wide web sites relevant to the health assessment.
- Section V:     **Appendices**, which contains reference materials for clinical staff.

The manual is contained in a three-ring binder so that it might be easily updated. Mailings of updated information from the Refugee and Immigrant Health Program can be incorporated. In addition, refugee health assessment providers will receive regular updates from the Massachusetts Immunization Program.

Feedback on the use of the manual, as well as suggestions for additional content, are welcomed. Please send your suggestions to the Refugee and Immigrant Health Program, DPH, 305 South Street, Jamaica Plain, MA 02130.

**PROGRAM  
ABBREVIATIONS**

The following program abbreviations are used frequently in this manual:

<b>DPH</b>	Department of Public Health
<b>RIHP</b>	Refugee and Immigrant Health Program (DPH)
<b>RHA</b>	Refugee Health Assessment
<b>RHAP</b>	Refugee Health Assessment Program
<b>MIP</b>	Massachusetts Immunization Program
<b>CDC</b>	Centers for Disease Control and Prevention
<b>INS</b>	Immigration and Naturalization Service
<b>IOM</b>	International Organization for Migration
<b>ORI</b>	Office for Refugees and Immigrants
<b>VOLAG</b>	Voluntary (resettlement) Agency